

STATEMENT OF ECONOMIC INTERESTS
A Public Document

Date Received
Official Use Only

Please type or print in ink

NAME (LAST) <u>Howard</u>	(FIRST) <u>Emily</u>	DAYTIME TELEPHONE NUMBER <u>(209) 369-2476</u>
MAILING ADDRESS (May be business address) <u>852 Alder PL.</u>	STREET <u>LODI</u>	CITY <u>95242</u>
ZIP CODE		OPTIONAL: FAX / E-MAIL ADDRESS

COVER PAGE

1. Office, Agency, or Court

Provide precise name. Do not use acronyms.

City of LODI

Division, Board, District, if applicable:

LODI City Council

Position:

City Council Member

→ Expanded Statement – List agency/position:

(Attach a separate sheet if necessary. Do not use acronyms.)

Agency: _____

Position Title: _____

2. Office Jurisdiction (Check one)

- ☐ State
- ☐ County of _____
- ☒ City of LODI
- ☐ Multi-County _____
- ☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: ____/____/____

☐ Annual
(Check one)

☐ The period covered is January 1, 1999, through December 31, 1999.

☐ The period covered is ____/____/____, through December 31, 1999.

☐ Leaving Office Date Left: ____/____/____
(Check one)

☐ The period covered is January 1, 1999, through the date of leaving office.

☐ The period covered is ____/____/____, through the date of leaving office.

☒ Candidate

4. Schedule Summary

(Check applicable schedules or "No reportable interests.")

→ During the reporting period, did you have any reportable interests to disclose on:

Schedule A-1 ☒ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached
Investments (Greater than 10% Ownership)

Schedule B ☐ Yes – schedule attached
Real Property

Schedule C ☒ Yes – schedule attached
Income & Business Positions (Income Other than Loans, Gifts, and Travel)

Schedule D ☒ Yes – schedule attached
Income – Loans

Schedule E ☐ Yes – schedule attached
Income – Gifts

Schedule F ☐ Yes – schedule attached
Income – Travel Payments

→ ☐ No reportable interests

Total number of pages (including this cover page): 4

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on August 10, 2000
(month, day, year)

SIGNATURE Emily A. Howard
(File the originally signed statement with your filing officer.)

orig mailed to FPAC on 8/11/00

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

CALIFORNIA
1999/2000 FORM **700**
FAIR POLITICAL PRACTICES CODEName

NAME OF BUSINESS ENTITY

Chevron

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Stock

FAIR MARKET VALUE

- ☐ \$1,000 - \$10,000
☒ \$10,001 - \$100,000
☐ Over \$100,000

NATURE OF INVESTMENT

☒ Stock☐ Other _____

(Describe)

IF APPLICABLE, LIST DATE:

____/____/99
ACQUIRED____/____/99
DISPOSED

NAME OF BUSINESS ENTITY

GE Stock

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Stock

FAIR MARKET VALUE

- ☒ \$1,000 - \$10,000
☐ \$10,001 - \$100,000
☐ Over \$100,000

NATURE OF INVESTMENT

☒ Stock☐ Other _____

(Describe)

IF APPLICABLE, LIST DATE:

____/____/99
ACQUIRED____/____/99
DISPOSED

NAME OF BUSINESS ENTITY

Vanguard Capital

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

- ☐ \$1,000 - \$10,000
☒ \$10,001 - \$100,000
☐ Over \$100,000

NATURE OF INVESTMENT

☐ Stock☒ Other _____

(Describe)

IF APPLICABLE, LIST DATE:

____/____/99
ACQUIRED____/____/99
DISPOSED

NAME OF BUSINESS ENTITY

Union Carbide

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Stock

FAIR MARKET VALUE

- ☒ \$1,000 - \$10,000
☐ \$10,001 - \$100,000
☐ Over \$100,000

NATURE OF INVESTMENT

☒ Stock☐ Other _____

(Describe)

IF APPLICABLE, LIST DATE:

____/____/99
ACQUIRED____/____/99
DISPOSED

NAME OF BUSINESS ENTITY

Praxair, Inc.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Stock

FAIR MARKET VALUE

- ☒ \$1,000 - \$10,000
☐ \$10,001 - \$100,000
☐ Over \$100,000

NATURE OF INVESTMENT

☒ Stock☐ Other _____

(Describe)

IF APPLICABLE, LIST DATE:

____/____/99
ACQUIRED____/____/99
DISPOSED

NAME OF BUSINESS ENTITY

Washington Mutual

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Statement Savings

FAIR MARKET VALUE

- ☐ \$1,000 - \$10,000
☒ \$10,001 - \$100,000
☐ Over \$100,000

NATURE OF INVESTMENT

☐ Stock☒ Other _____

(Describe)

IF APPLICABLE, LIST DATE:

____/____/99
ACQUIRED____/____/99
DISPOSED

Comments: _____

Income & Business Positions

(Income Other than Loans, Gifts, and
Travel Payments)

Name

Present Employment

NAME OF SOURCE LODI Memorial Hospital

ADDRESS Fairmont St. LODI, CA.

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Medical

YOUR BUSINESS POSITION
Physical Therapist Assistant

GROSS INCOME RECEIVED

☐ \$250 - \$1,000 ☐ \$1,001 - \$10,000 ☒ Over \$10,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary ☐ Spouse's income ☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

➤ NAME OF SOURCE _____

ADDRESS _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

YOUR BUSINESS POSITION _____

GROSS INCOME RECEIVED

☐ \$250 - \$1,000 ☐ \$1,001 - \$10,000 ☐ Over \$10,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's income ☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental income, list each source of \$10,000 or more

☐ Other _____
(Describe)

➤ NAME OF SOURCE _____

ADDRESS _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

YOUR BUSINESS POSITION _____

GROSS INCOME RECEIVED

☐ \$250 - \$1,000 ☐ \$1,001 - \$10,000 ☐ Over \$10,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's income ☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more _____

☐ Other _____
(Describe)

➤ NAME OF SOURCE _____

ADDRESS _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

YOUR BUSINESS POSITION _____

GROSS INCOME RECEIVED

☐ \$250 - \$1,000 ☐ \$1,001 - \$10,000 ☐ Over \$10,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's income ☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental income, list each source of \$10,000 or more

☐ Other _____
(Describe)

Comments: _____

Income – Loans

(Received or Outstanding)

Name _____

NAME OF LENDER Volvo Finance

ADDRESS _____

BUSINESS ACTIVITY OF LENDER

☐ Financial Institution

☐ Other _____

INTEREST RATE 5.9% ☐ None

TERM (Months/Years) 48 months

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$250 - \$1,000 ☒ \$1,001 - \$10,000 ☐ Over \$10,000

SECURITY FOR LOAN

☐ None ☒ Automobile ☐ Personal residence

☐ Real Property _____

Street address _____

City _____

☐ Guarantor _____

☐ Other _____

(Describe)

➤ NAME OF LENDER _____

ADDRESS _____

BUSINESS ACTIVITY OF LENDER

☐ Financial Institution

☐ Other _____

INTEREST RATE _____ % ☐ None

TERM (Months/Years) _____

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$250 - \$1,000 ☐ \$1,001 - \$10,000 ☐ Over \$10,000

SECURITY FOR LOAN

☐ None ☐ Automobile ☐ Personal residence

☐ Real Property _____

Street address

City

☐ Guarantor _____

☐ Other _____

(Describe)

➤ NAME OF LENDER _____

ADDRESS _____

BUSINESS ACTIVITY OF LENDER

☐ Financial Institution

☐ Other _____

INTEREST RATE _____ TERM (Months/Years) _____

_____ % ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$250 - \$1,000 ☐ \$1,001 - \$10,000 ☐ Over \$10,000

SECURITY FOR LOAN

☐ None ☐ Automobile ☐ Personal residence

☐ Real Property _____

Street address

City

☐ Guarantor _____

☐ Other _____

(Describe)

➤ NAME OF LENDER _____

ADDRESS _____

BUSINESS ACTIVITY OF LENDER

☐ Financial Institution

☐ Other _____

INTEREST RATE _____ TERM (Months/Years) _____

_____ % ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$250 - \$1,000 ☐ \$1,001 - \$10,000 ☐ Over \$10,000

SECURITY FOR LOAN

☐ None ☐ Automobile ☐ Personal residence

☐ Real Property _____

Street address

City

☐ Guarantor _____

☐ Other _____

(Describe)

Comments: